09/868305

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION |  |  |  |
| O.I.P.E. CLASSIFIER |  |  |  |
| FORMALITY REVIEW |  |  |  |
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| ✔ | ...................... Rejected | N | ...................... Non-elected |
| = | ...................... Allowed | I | ...................... Interference |
| — | (Through numeral)... Canceled | A | ...................... Appeal |
| ÷ | ...................... Restricted | O | ...................... Objected |

| Claim | | Date | Claim | | Date | Claim | | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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